

EXHIBIT A



Recognizing & Responding Effectively to Traumatized Youth





Module Overview

- I. The Teen Brain is Different
- II. What is Trauma?
- III. How Trauma Disrupts the Brain
- IV. Teen Brain Responses to Trauma
- V. Best Practices for Interacting with Traumatized Youth

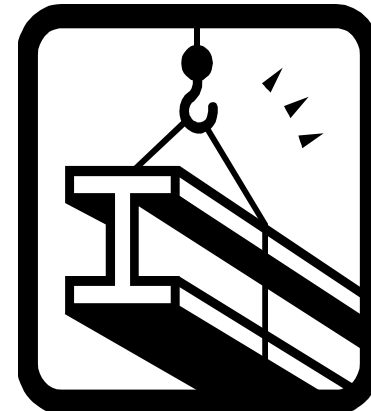


Developmental Competence

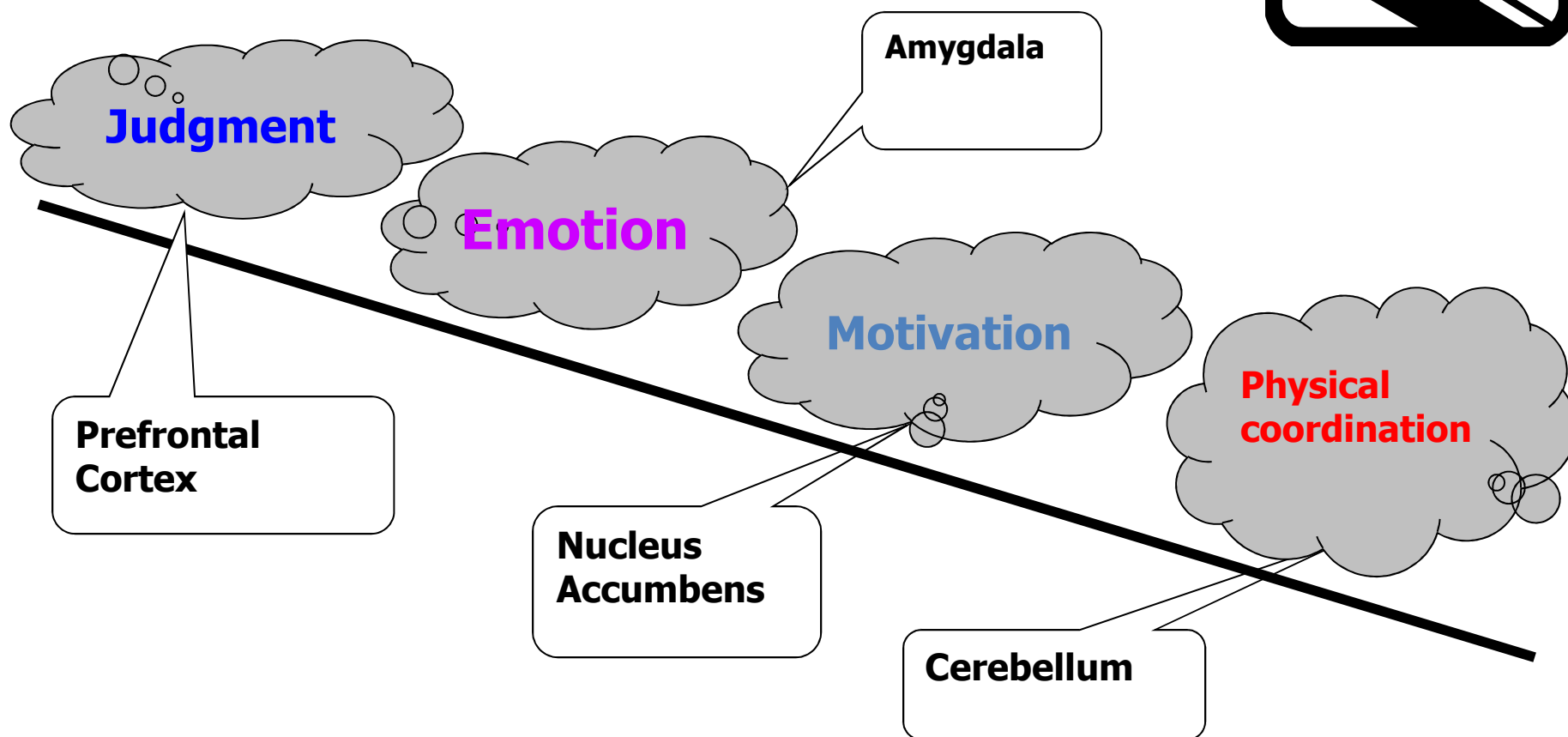


The understanding that children and adolescents' perceptions and behaviors are influenced by biological and psychological factors related to their developmental stage



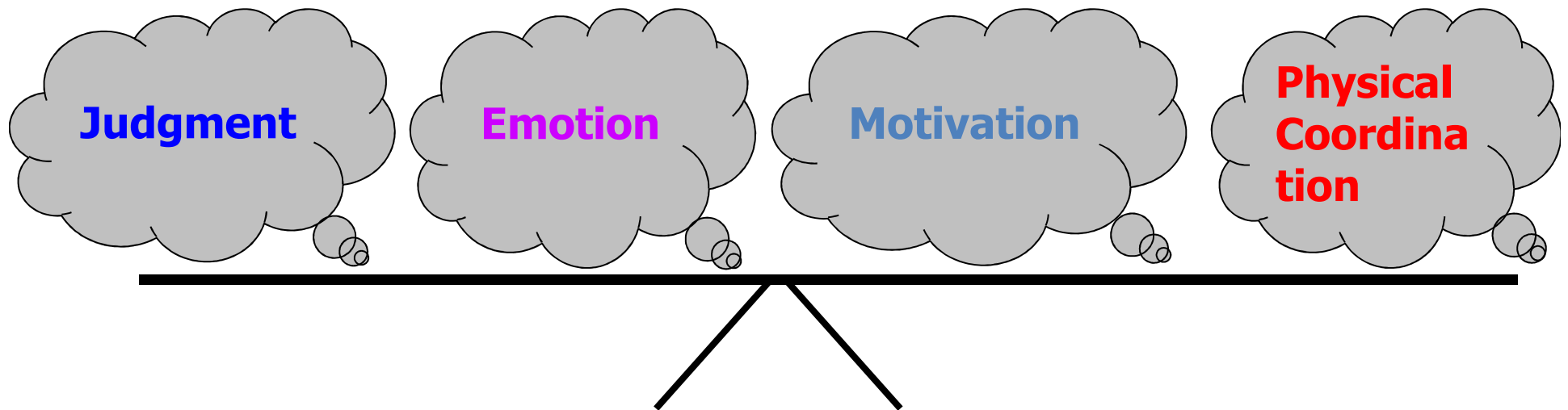


Construction Ahead



Notice: Judgment is last to develop!

AGE 25



Ahh... Balance, Finally!



Teen Brains

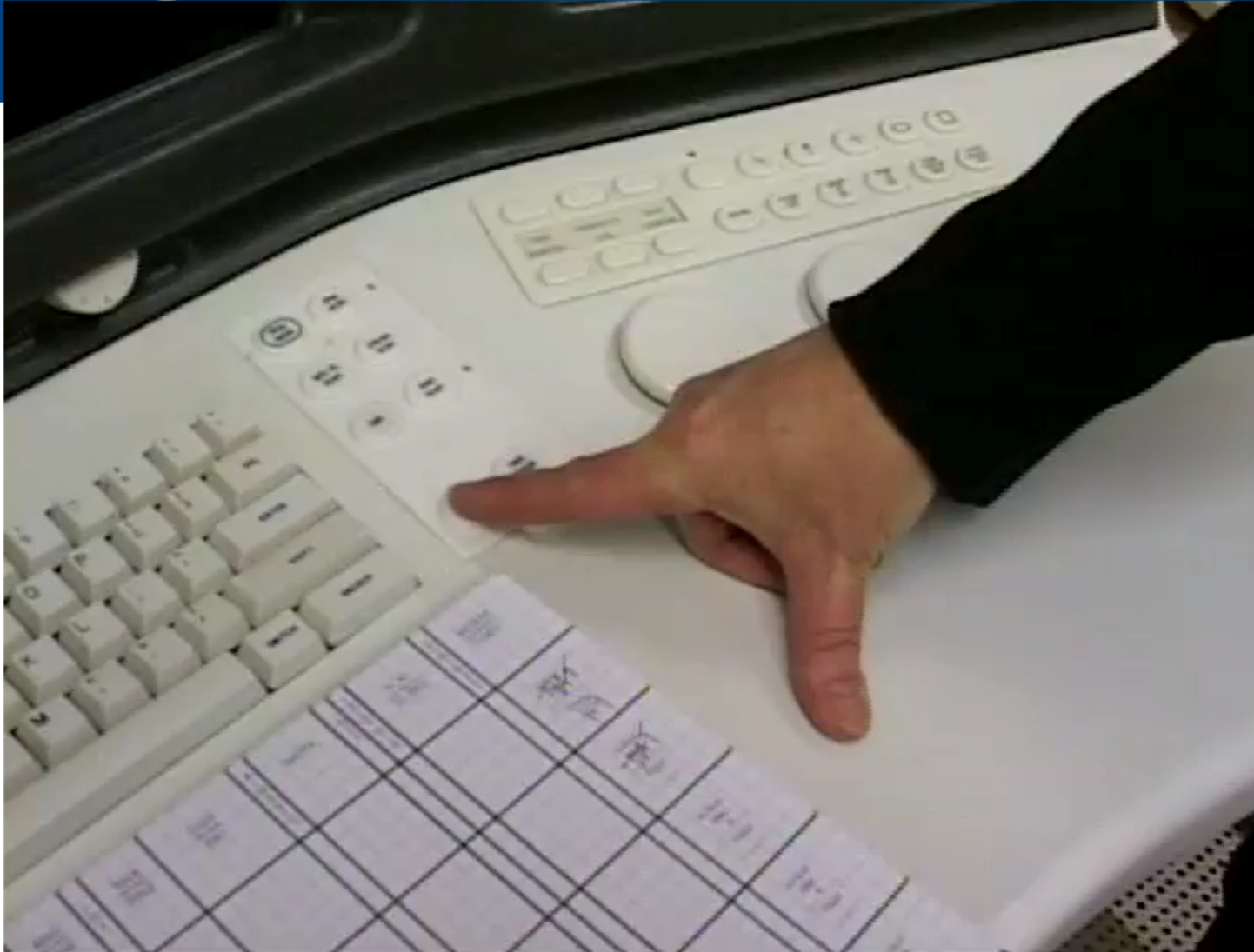
Perceive

Process

Respond

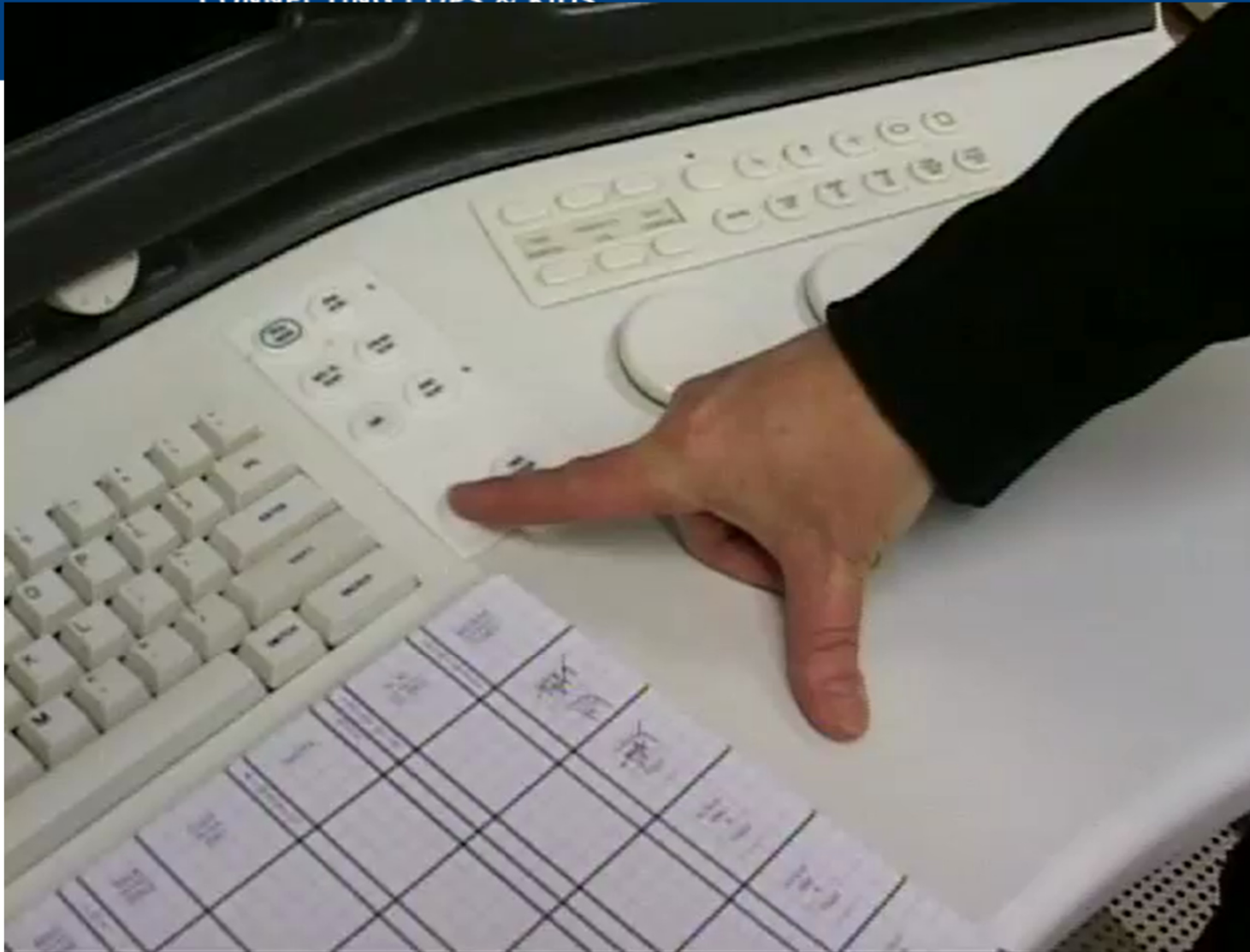
differently
than Adult Brains.

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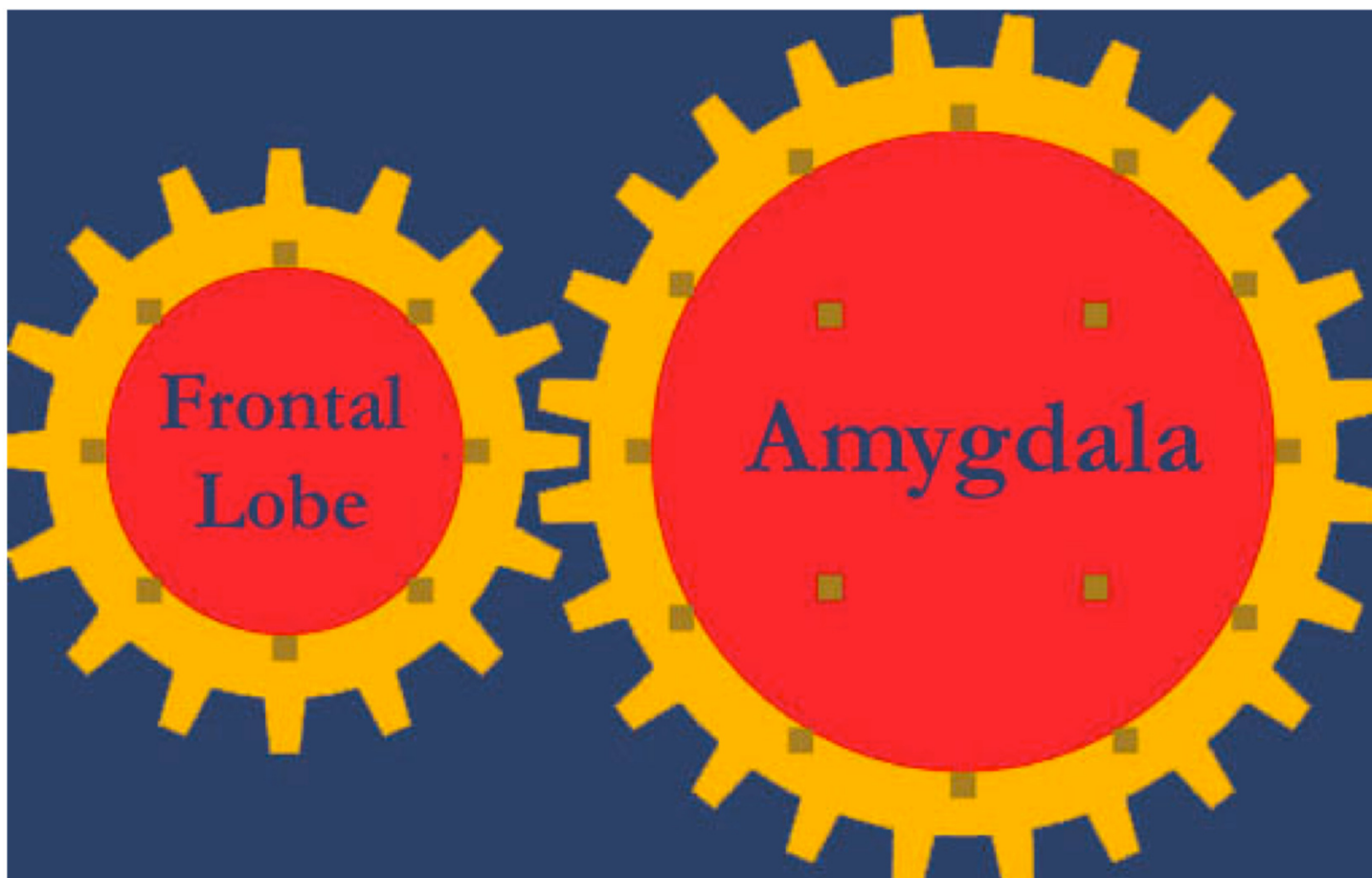


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Adolescent Brain: Emotions Drive Processing



Adult Brain: Disengaged Amygdala



Prefrontal Cortex

- “CEO” of the brain
- Puts brakes on Amygdala
- Impulse control
- Anticipate consequences
- Considers pro’s/con’s
- Organize thoughts



Prefrontal Cortex

**Last area to
mature;**
maturation occurs
in adolescence
and into young
adulthood





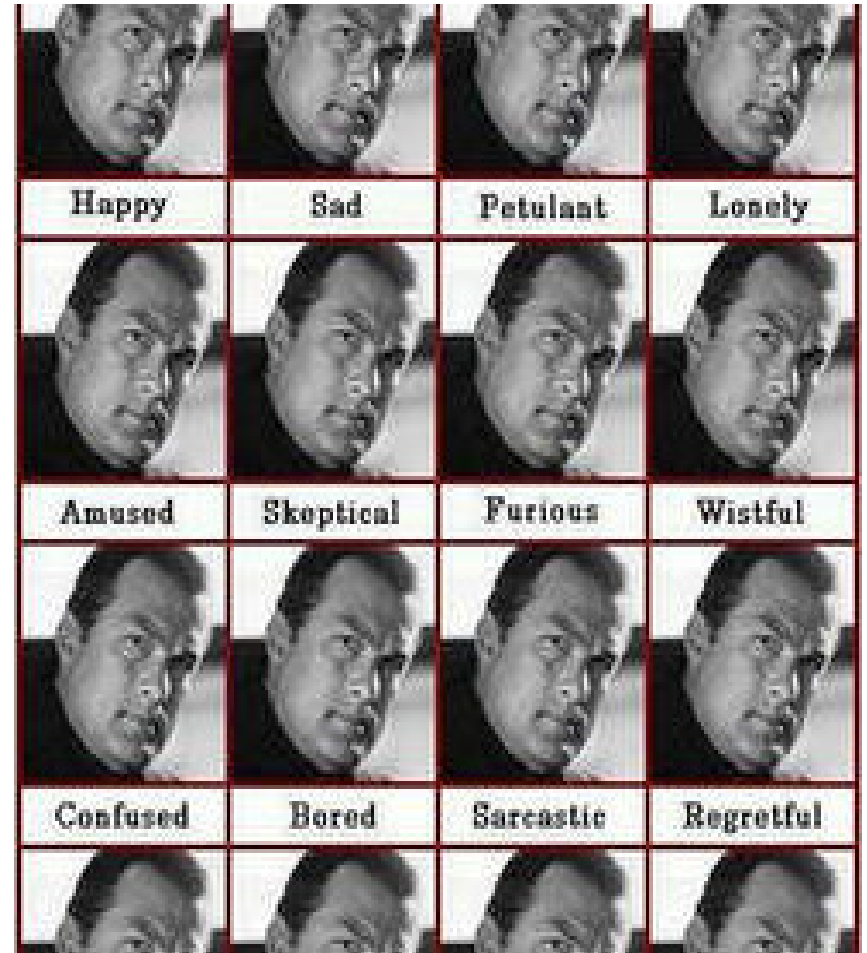
Best Practices

- What's their BLT?
- What's your BLT?
- Clarify rules
- Anticipate challenges to the rule
- Explain the reason for the rules
- SAC options (situation/alternatives/choice)



All behavior is communication.

Reaction is Everything





What is This?

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II. What is Trauma



Defining Trauma

- an often serious and **body-altering** physical injury, such as the removal of a limb
- an **emotional or psychological injury**, usually resulting from an extremely stressful or life-threatening situation

Trauma

Obvious Trauma



Not So Obvious Trauma





It is an
individual's
perception of the
event,
not necessarily
the event that is
traumatizing.





What are common sources of trauma that youth experience?

Adverse Childhood Experiences

- 1) Emotional Abuse
- 2) Physical Abuse
- 3) Sexual Abuse
- 4) Mother Treated Violently
- 5) Mental Illness
- 6) Substance Abuse
- 7) Divorce
- 8) Incarceration
- 9) Emotional Neglect
- 10) Physical Neglect





**How many ACES did
you experience before
the age of 18?**



Think of the last kid you
encountered/ arrested/spoke
to...
how many ACEs in their lives?

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Prevalence – ACEs are Common

Number of Adverse Childhood Experiences (ACE Score)	Total Percent (N = 17,337)
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0	36.1%
1	26.0%
2	15.9%
3	9.5%
4 or more	12.5%

<https://www.cdc.gov/violenceprevention/acestudy/about.html>



ACES can have lasting effects on....



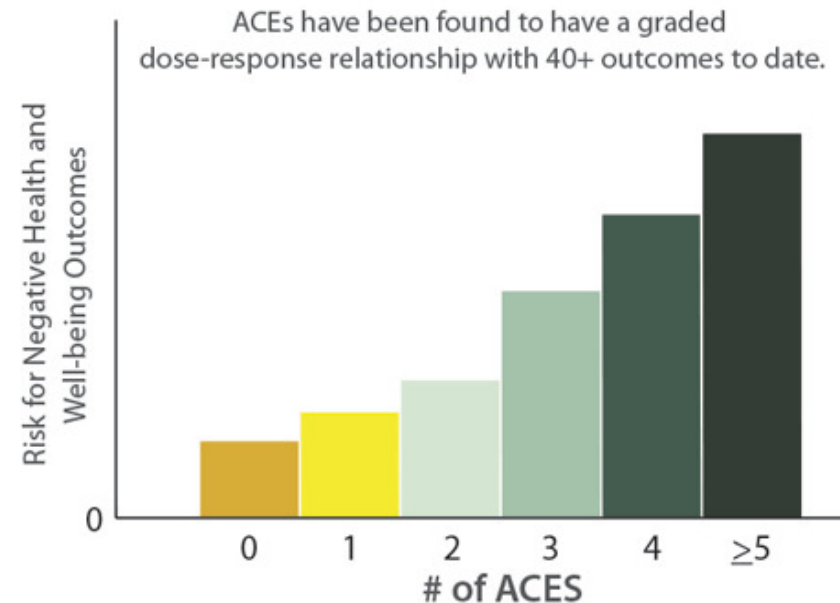
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

https://www.cdc.gov/violenceprevention/acestudy/about_ace.html



ACEs Increase Risky Behavior in Youth

- Intercourse prior to the age of 15
- Multiple partners (50 or more)
- Teen pregnancy
- Smoking
- Substance Abuse



Sources of Trauma

Personal
Experiences



Event Trauma



Sources of Trauma

Intergenerational Transfer

- Historically experienced
- Transmitted through stories & warnings
- Fear/Resilience





How can one's identity
be a source of trauma?



What did these 2 boys do?

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Poly-Victimization

For most youth, **trauma rarely occurs in isolation** – experiencing only a single traumatic event is the exception, not the norm. **Most traumatized youth experience several traumas throughout their lives.**





Trauma persists...



III. How Trauma Disrupts Brain Functioning



Three Core Concepts in Early Development

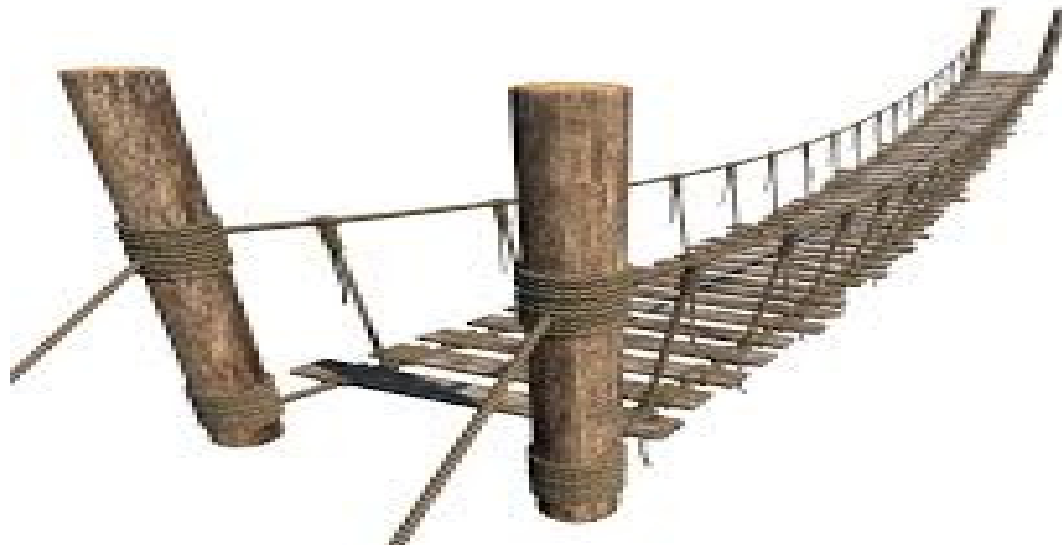
3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY



Brain of an Un-Traumatized Youth





Impacts of Trauma on Young Brains



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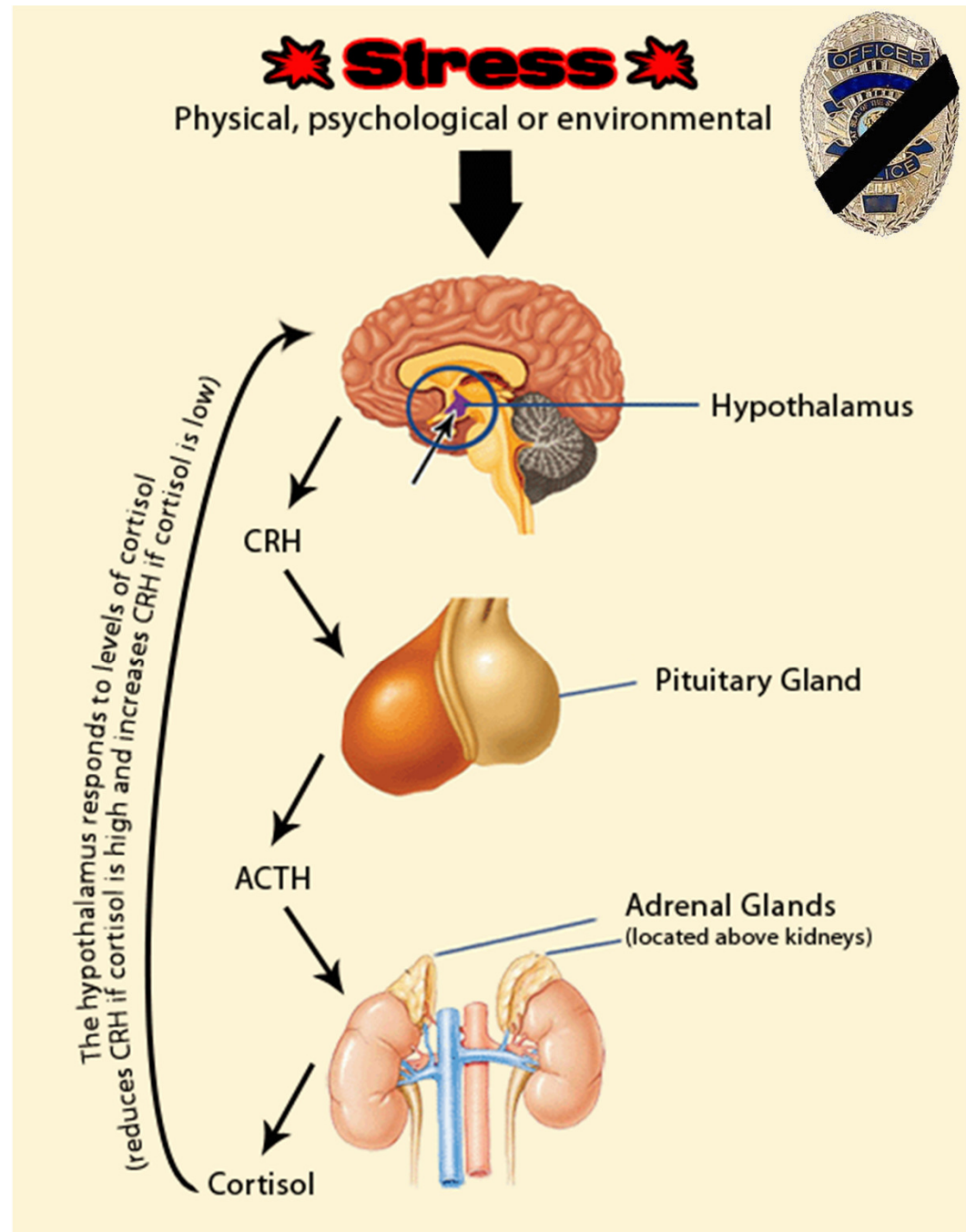


Trauma's Impact: Release of Cortisol

- Fight or flight hormone
- Designed to alert individual to threat, when threat subsides cortisol supposed to drop
- Screwed up by trauma exposures
- Potentially “always on” or alternatively “never raises”

Body reacts to a
perceived threat

Is it REALLY a
T. Rex coming
after you?



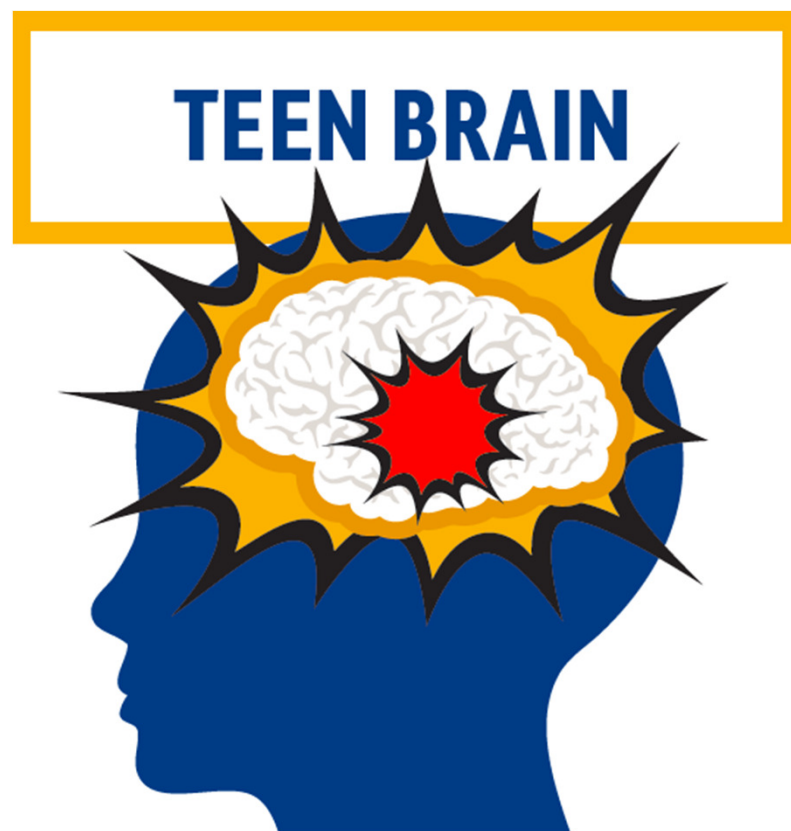
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Fight or Flight Response



Increases Signals to Amygdala



Impacts of Trauma on Psyche



**The alarm won't
stop going off...**

Impact on Young Psyches...

- Hyper-vigilant
 - On the look out
 - Distrustful
- Anticipate harm
- Hyperactive
- Unemotional
- Intrusive thoughts
- Inability to forget



Impact on Young Psyches

Anxiety =
Uncertainty x Powerlessness



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Is it safe?





IV. Teen Brain Responses to Trauma

The stressful situation and the amygdala

FIGHT



- The teenager will respond to a message or behaviour inappropriately – an amygdala response

FLIGHT oohlala!



The teenager will avoid the stressful situation and this may mean people or school-common thinking errors may occur such as catastrophizing, fortune telling, magnification, all or nothing.

FREEZE



The teenager will freeze as they do not have any coping strategies. So they shut down and won't talk.



Flight:

- Withdrawal
 - Through action
 - Through drugs
- Fleeing--
heightened fear
that they cannot
escape.





Fight:

- Protect oneself
 - Assume the worst
 - Anticipate need to protect themselves
- Seem tougher to ...
 - Overcome vulnerability
 - Show strength after realizing powerlessness

Freeze:

Can't take flight/fight



Re-enacting

May respond to their experience through dangerous reenactment behavior.



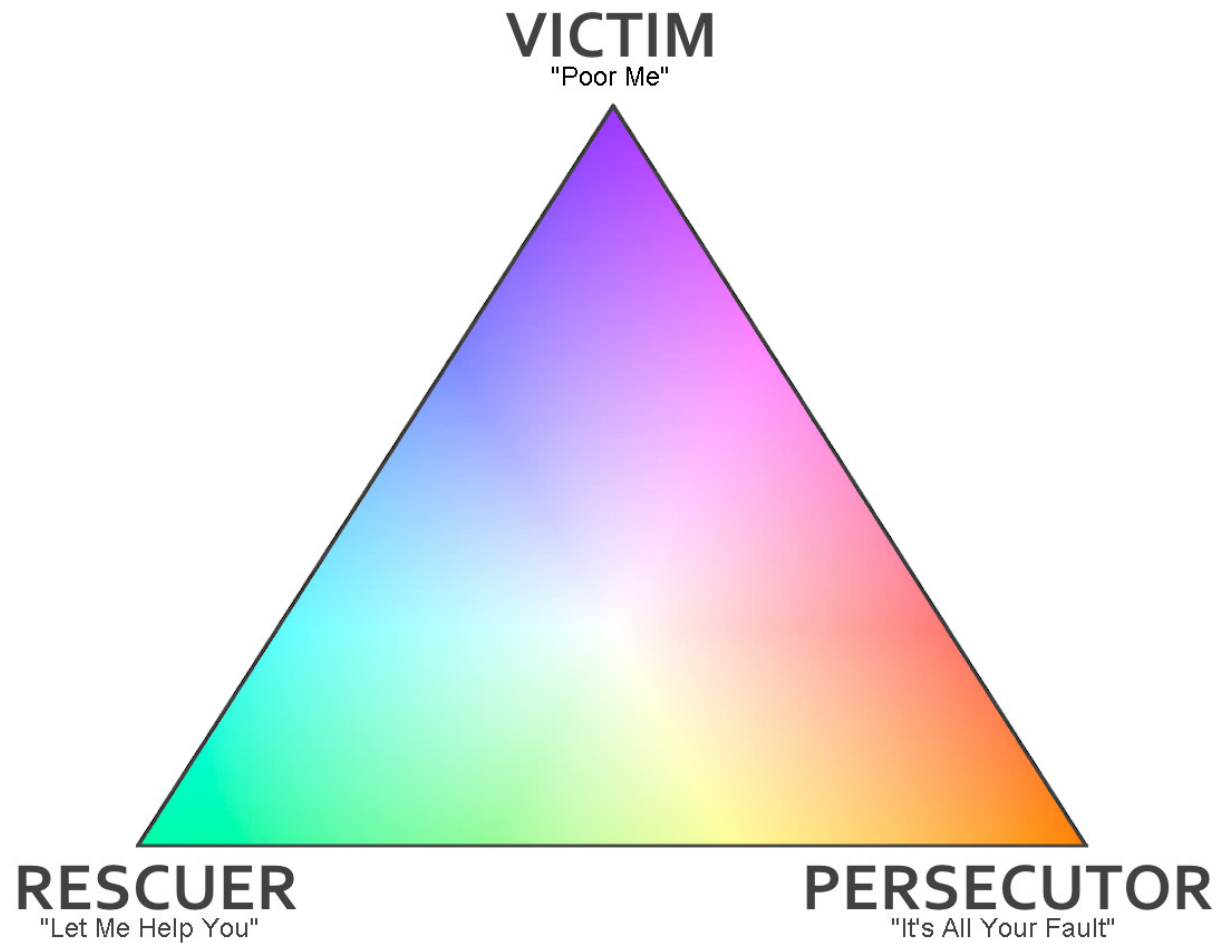


The Risk:
Becoming
victims of their
coping
mechanisms...





When they see you coming...





Police disproportionately encounter traumatized youth:

- Because they are acting out the trauma,
- Because they are in traumatic situations,
- Because they refer the most youth for protective care.



“Why are traumatized youth responses to figures of authority...

- *More intense?*
- *More extreme?*



Just Being an Officer Can Escalate Traumatized Responses

- Being there
 - Pat frisks
 - Use of restraints
 - Being out of control
-
- How are you seen: rescuer, victim, aggressor?

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Powerlessness.



A history of trauma
increases the risk of arrest
by 59% and of committing
a violent crime by 30%.

Frabutt, James M., Kristen L. Di Luca, and Kelly N. Graves.
"Envisioning a Juvenile Justice System That Supports Positive Youth Development."
Lost Innocence: Hope and Punishment in the Juvenile Justice System.
University of Notre Dame, South Bend, Indiana. 7 Nov. 2007



Youth-Past Trauma History

90% of youth currently in the juvenile justice system have experienced 4 to 8 ACEs.





V. Best Practices for Interacting with Traumatized Youth



ASSUME TRAUMA



What trauma may look like:

- During a stop
- Pat frisk
- Custodial interview
- Use of restraints
- Arriving on scene
- Belligerence
- Insults
- Struggling to get free
- Fleeing
- Silence
- Unresponsive



Refer to CIT Response Policy

Section II

- Assess risks to self and others
- Ascertain whether noncompliance is due to:
 - Traumatic response
 - Drugs/Alcohol
 - Mental illness
- Ask family/friends to help de-escalate



Refer to CIT Response Policy

Section IV:

- Establish rapport
- Slow speech, use neutral tone
- One officer speaks at a time
- Ask
- Repeat back



Best Practices

RECOGNIZE TRIGGERS:

something that reminds us of past trauma **activates the alarm system...**

- Being made powerless
- Being restrained
- Touching
- Yelling/Cursing
- Loud noises



Best Practices

UNDERSTAND TRIGGERS:

- Response is as if there is current danger
- Past and present danger become confused
- Thinking brain automatically shuts off





Snake in the grass or garden hose?



Best Practices: Behavior & Body Language

- What's your posture?
- How close are you?
- Where are your hands?
- Where is your weapon?



Best Practices: Language

- Less said the better
- Distract to disengage
- “What would be helpful to you?”
- Speak slowly
- Narrate what you will do next/predict to reduce uncertainty





Best Practices: Acknowledge Fear



- Acknowledge youth's fear
- Explain need for self-regulation;
- Give **time** to calm down



Best Practices: Timing

Traumatized youth
experience
interactions/events
faster

- Contributes to feeling of helplessness
- React faster



Best Practices

REPEAT 3X

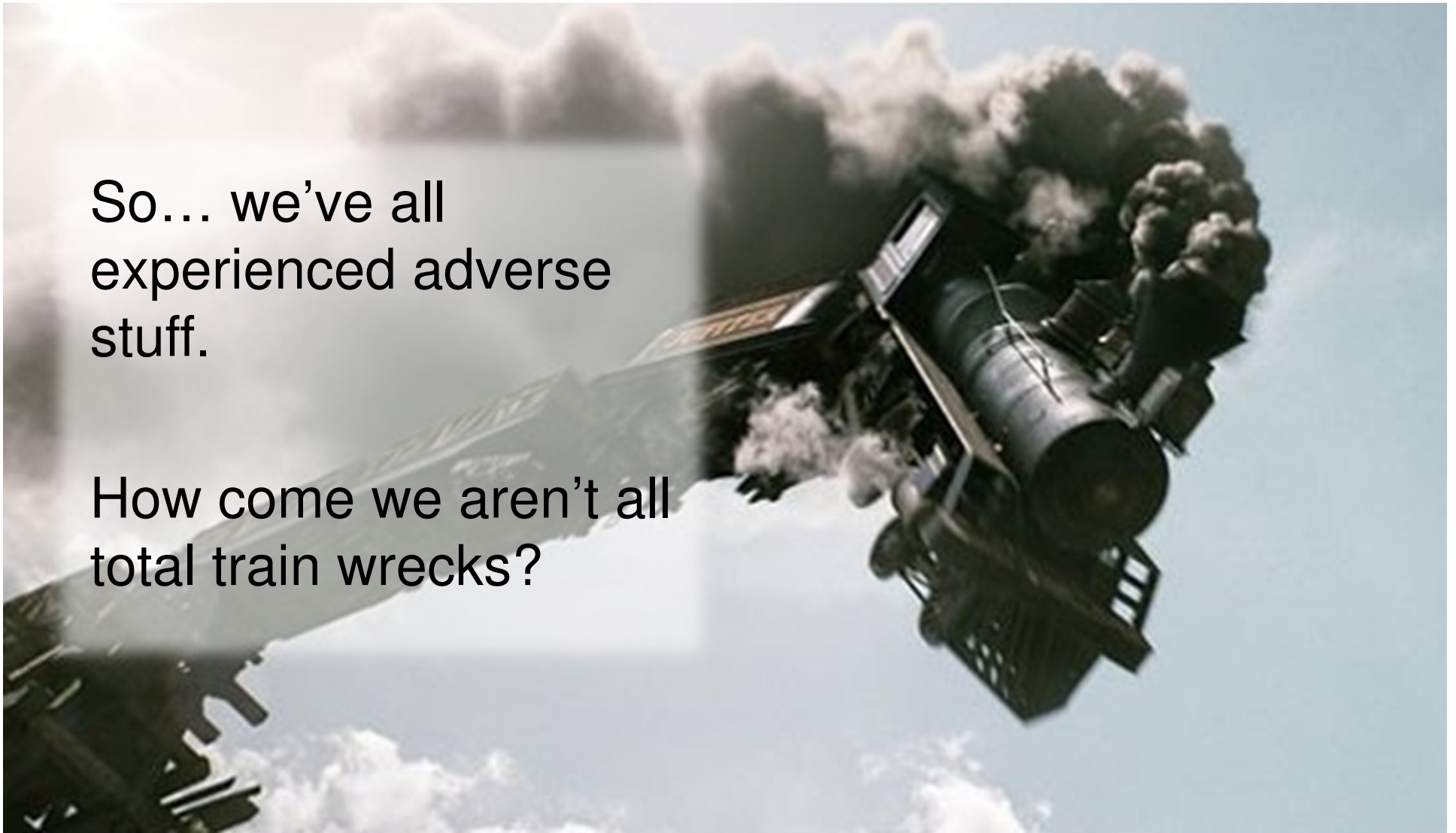


- (1) Calm Emotion
- (2) Confirm Emotion
- (3) Content



So... we've all
experienced adverse
stuff.

How come we aren't all
total train wrecks?



Resilience

An individual's capacity to adapt to change and stressful, traumatic events in healthy and constructive ways





Adults who buffer...



Supporting Resilience

- **Connect** with youth before they need you (or you need them) – “How are you?”
- **Expect Up** – Don’t tease youth or expect them to fail
- **Be Consistent** – Youth know when they’re being treated fairly and when they’re not
- **Put Things In Perspective** for youth you encounter
- **Be Kind** – Have a thick skin and a soft heart





Police exposure to trauma





Take Home Lessons

- Assume you are dealing with a traumatized youth.
- Traumatized youth are in a state of fear and find it hard to trust adults.
- Traumatized responses manifest that fear and concern about being retraumatized.
- **Best practices: slow down, keep your distance, repeat, and reassure youth.**



**Cleveland Division of Police
4 Hour In-Service Curriculum
Effective Interactions with Youth**

Title of Lesson: Recognizing & Responding Effectively to Traumatized Youth

Assigned Course Number: TBD

Author: Lisa H. Thureau, JD, Dr. Jeff Bostic, MD

Date Written– April 15, 2019

Approving Authority: PENDING

Overview:

This module is designed to provide participants with an overview of how trauma, combined with normative behavioral aspects of adolescent development, affects youths' behaviors. A key emphasis of this training is that assuming trauma and using trauma-informed responses is a proactive method for keeping interactions calm[er] and maintaining officer and youths' safety. The module will demonstrate how and why traumatic incidents and traumatized responses present challenges to the community at large and to police officers in particular. This training will also demonstrate why traumatized youth perceive authority figures as uniquely threatening and respond to them in a way that officers may find challenging to interpret and contain. The training methods will include use videos of youth expressing a traumatized response, class discussion and lecture, multiple hand-outs, and specific skills to assist officers from escalating interactions with youth.

1. This training will begin by describing how the teen brain differs from the adult brain, and the implications for understanding how youth perceive, process and respond to the world.
2. Then the training will illustrate how normative brain development is disrupted and affected by exposure to adverse childhood experiences, toxic stress, and traumatic events.
3. This module will illustrate how the impacts of trauma on the teen brain lead youth to experience dysregulation due to fear and anxiety about their vulnerability to further traumatization.
4. Officers will learn how youth exposed to trauma frequently perceive and process the world through a prism of vulnerability and powerlessness which leads them to react to stimuli which others may not see in service of protecting themselves.
5. Officers will learn skills to recognize and effectively respond to youth manifesting trauma.

Course Goals:

There are three goals of this course. The first is to provide participants with knowledge of the physiological differences in the teen brain that cause it to perceive, process, and respond differently than adults do. The second is to demonstrate trauma's unique impacts on teen brains to help officers

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4 Hour In-Service Curriculum
Effective Interactions with Youth**

recognize manifestations of trauma. The third is to provide officers techniques to facilitate de-escalation of youth, avoid escalation, and use arrest and use of force as a last resort.

Course Objective(s):

Upon completion of the Effective Interactions with Youth training participants will be able to:

1. Understand that youth perceive, process, and respond differently to stimuli from adults due to major changes in their brain development during adolescence.
2. Understand that most youth behavior is reactive, not rational and intentional, and leads youth to test boundaries, take risks, and challenge authority.
3. Youth who have experienced adverse childhood experiences and traumas during childhood and adolescence are more reactive and likely to respond to interactions with authority figures by fleeing, fighting, or freezing with the intention of protecting themselves.
4. Officers will understand that a key aspect of trauma is that it engenders feelings of powerlessness and vulnerability, which are hallmarks of childhood and adolescence, and results in unique behaviors that are often mis-characterized as proof of guilt or callousness instead of distress.
5. Officers will understand how to read youth's behavior, language, and timing (BLT) as well as understand how officers' own BLT influences how interactions with youth proceed.
6. Officers will learn de-escalation techniques that reduce escalation of minor interactions.

Methodology:

Participants will be taught by a clinical social worker or psychologist with expertise in adolescent development and trauma. A power point presentation will serve as an instructional aid and will include multiple short video examples as well as written materials for officers to review. The instructors will also use class discussion to increase participant involvement.

Target Audience:

Cleveland Division of Police, In-Service Officer Training

Class Size:

TBD

Evaluation Process:

Participants will complete a pre and post-test which will examine acquisition of key points. Participants will be required to answer at least 70% correct. The exam will focus on the application of key points to officers duties when interacting with youth. Officers will be provided with brief written or video-based

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4 Hour In-Service Curriculum
Effective Interactions with Youth**

scenarios involving youth. The officers will then be presented with questions designed to assess their ability to apply the key points to the scenario.

Logistical Information:

Site: TBD

Training Equipment:

- Computer, projectors, screen and speakers
- Power point presentation (electronic)
- Power point presentation (handout)
- Pre-test and Post-test (handout)

Staffing Requirements:

Instructors: One Clinical Social Worker or psychologist who specializes in working with youth.

Training Summary:

All assigned participants will arrive at the designated time and go to the designated facility. Participants will receive an overview of the training, performance and learning objectives, and an introduction to the material.

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3.5 Hour Course

Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Overarching Points:

- Some films in the powerpoint will appear to show up twice; the first time you see the film is a warning that it is about to come up on the next slide. Each time a film is being used, I have noted the **film** and highlighted it.
- Instances in which the Trainer should provide a handout are noted in **green**.
- This training aims to engage law enforcement officers in a discussion about the materials; when the manual suggests the trainer “**ask officers**” it is assumed that the trainer will attempt to invite officers’ responses. In such instances, the manual will indicate what answers are being sought.
- When the trainer wants the officers to participate in an exercise, this will be noted by the following language and highlighting: **Exercise**

Slide 1: Title Slide & Introduction

- Police officers regularly encounter youth, on the street and when responding to calls for service.
- From the U.S. Supreme Court to detention centers, from state legislatures to law enforcement officers, there are new expectations in place regarding how justice system stakeholders should interact with youth.
- The key expectation is that stakeholders will understand that youth are different from adults in how they understand the world and respond to it.
- This first module demonstrates how understanding these differences will enhance officers’ responses and make them more effective.
- By understanding these differences, everyone is safer and less likely to be hurt by escalation of incidents.
- The goal of this module is to provide officers with more tools to deal with this age group which can be quite challenging.
- Many of the youth you will encounter have experienced trauma or are in the process of experiencing trauma when you interact with them.
- Being able to be aware of trauma responses in yourself and the youth you encounter will help you avoid escalating and traumatizing youth, as well as help you understand their reactions in the framework of trying to avoid re-victimization or pain.
- If you are aware of how you respond to traumatic events, you can help avoid creating drama when your trauma meets the trauma of the youth to whom you must respond.
- The goal here is to recognize trauma in youth, respond to it effectively, and avoid escalating high-trauma/stress situations with youth.

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Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 2: Overview of Module

Exercise:

- Ask officers to break into small groups and describe five characteristics of Developmental Competence.
- Ask them to report out.
- Upon hearing officers' responses, identify whether the officers are discussing a youth's developmental competence, e.g. what a youth needs to do to be competent/mature);
OR
- Whether they are describing what an adult needs to know to be developmentally competent when working with youth.

Slide 3: Developmental Competence Adults Need to Work with Youth

Developmental Competence Handout

- Read from handout (quoted below) and where possible, identify what officers understood to be key for effective interactions with youth. Clarify that the point of the training is to build officers' competence to interact with youth by understanding the youth's level of development and the kind of issues that occur normally during adolescent development.
- **DEVELOPMENTAL COMPETENCE** is based on the premise that specific, sequential stages of neurological and psychological development are universal. Children and adolescents' responses differ from adults because of fundamental neurobiological factors and related developmental stages of maturation.
- **A PERSON WHO IS DEVELOPMENTALLY COMPETENT** recognizes that how children and youth perceive, process and respond to situations is a function of their developmental stage, and secondarily their culture and life experience. Developmentally competent adults align their expectations, responses, and interactions — as well as those of institutions and organizations — to the developmental stage of the children and youth they serve.
- **IN ORDER TO BECOME DEVELOPMENTALLY COMPETENT, AN INDIVIDUAL MUST:**
 - UNDERSTAND that children, adolescents, and adults interpret and respond differently to situations, social cues, interpersonal interactions, and the inherent power of adults, making the more vulnerable to external pressures and more compliant with authority;
 - APPLY this knowledge to enhance and improve interactions with children and youth and;
 - ADJUST institutional responses to the developmental stage of the children and youth served.

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- Give an example of what would be developmentally competent:
 - Is it developmentally competent to expect a 5 year old to sit still for 20 minutes?
 - Is it developmentally competent to expect a 15 year old to sit still for 20 minutes? If he has ADD?
- Reiterate how important age is in determining expectations of youth and anticipating their responses.

Slide 4-5: Developmental Process

"Are They Out of Their Mind?"

- This animated slide demonstrates the key phases of children's brain development:
 - The cerebellum is responsible for physical coordination from age 1 to 3;
 - The nucleus accumbens is responsible motivation, pleasing adults, and imitating them, age 4-12;
 - The amygdala is in gear during adolescence and promotes very primitive, impulsive responses to peers and other pleasurable stimuli, that show little planning or thought of consequences;
 - The prefrontal cortex, which is growing during adolescence but is the last to mature, is responsible for the building blocks of judgment and is the last to grow. This part of the brain is responsible for:
 - Executive functioning,
 - Organizing information and actions
 - Putting things in sequence and imagining consequences
 - Delaying gratification in favor of larger goals
 - Keeping emotions in check.
 - The prefrontal cortex is the last to develop.

Slide 6: Key Differences in Teen Brains

- It is a mistake to think that young brains work the same way adults do.
- They are different in 3 key ways:
 1. Teens perceive differently than adults, using a different part of their brain;
 2. Teens process information in a different part of their brain,
 3. As a result, they respond differently.
- With that in mind, it is important to use age appropriate strategies with youth which are found to be best practices

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Slides 7-8: How Youth Perceive

Film: How Teen Brain Perceives & Processes

- Re-state findings as follows:
 - Using functional MRI scans,
 - Scientists saw that youth perceive different
 - They are perceiving through their amygdala, a very primitive part of the brain
 - They do not see stimuli the way adults do (e.g. the pictures of people suggest fear to adults and anger to youth)
 - As a result, they are going to be responding to stimuli of which adults are not even aware.
- Note that it takes years to change the locus of perception from the amygdala to

Slides 9-10: Accelerator and Brake (“Are they out of their minds?” Handout)

- During adolescence the amygdala acts like an accelerator; the frontal lobe, which grows last, acts as the brake.
- During adolescence the Amygdala is the “big gear” and overwhelms the braking function of the Pre Frontal Cortex which is the “little gear” and is easily overwhelmed by emotional responses.
- During adolescence, youths’ actions are powered by the accelerator.
- During adulthood, if all goes well, emotions and impulses are kept in check by the frontal lobe.

Slide 11: Role of Pre-Frontal Cortex

- This part of the brain is the CEO of the brain, key for executive functions
- Moderates “correct” behavior
- Takes in information from all senses and orchestrates thoughts and actions to achieve specific goals
- Problem solving using logic (instead of impulse)
- Anticipating consequences

Slide 12: Role of Pre-Frontal Cortex

- This is the last part of the teen brain to develop; it is mostly complete around age 25 but some scientists think it keeps developing after that age.

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Slide 13: All Behavior is Communication

- What the youth says affects how you respond
- What you say affects how the youth responds

Slide 14: Your Response Predicts Their Response

- When working with youth, it is important to understand that youth will often take their cue on how to behave from how you respond.
- You can go “explode” which will lead youth to escalate/“mirror” you,
- You can stay calm, which will assist in keeping youth calm.
- It’s key to remember that youth tend to mirror what they are faced with and have difficulty understanding there are some contests they won’t win.
 - Avoiding getting dragged into power battles is key.
 - Just because you are invited to a fight does not mean you have to attend.

Slide 15: Best Practices for Working with Teens

Best Practices Handout

- Focus on BLT: Behavior Language Timing
- What is the youth’s behavior/body language, language, and timing telling you?
- What is the youth reading from your behavior/body language, language, and timing?
- Remember: all behavior is communication—yours and theirs.
- When youth are processing through the emotional part of their brain, they are not thinking; they are reacting.
- Best practices:
 - Keep distance
 - Explain reason for contact
 - Less said the better,
 - ask what happened
 - allow youth to explain their side
 - Slow down interaction; where possible, give time for youth to re-regulate
- Assume you are not heard—you are being responded to and focus on:
 - Clarify rules
 - Anticipate challenges to the rule
 - Explain the reason for the rules
 - SAC options (situation/alternatives/choice)

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Slides 16-20: What is this girl's issue?

ASK OFFICERS:

- Is this typical teenage behavior or something else?
- What would you charge her with?
- Applying BLT model answer these questions
 - What is the girl's behavior, language, and timing communicating to you?
 - What did the officer's behavior, language and timing communication to her?

Slide 21: Traumatic Exposures in Cleveland

ASK OFFICERS

- What are common sources of trauma youth experience?

Slide 22: Adverse Childhood Events

ACE Handout

ASK OFFICERS to:

- Review the list of ACEs.
- Does it cover most of the sources of trauma youth experience? What's missing from the list.

Slide 23: Do an ACEs inventory of the last youth with whom you had Contact

ASK OFFICERS to consider the trauma history of the last youth they arrested/met.

- Ask them to do a private calculation of the number of ACEs the youth had experienced.
- How did it contribute to the interaction?

Slide 24: Youths' Exposure to Trauma in American Cities

Film: *Raising of America*

- Constant exposure to traumatic violence has serious impacts on youth's perception of safety, anxiety, sense of self, and what is "normal."
- This exposure starts very early for many youth.
- Ask: What are some of the impacts? What aspects of exposure to violence produce a vicious cycle of violence?

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Slide 25: Prevalence of ACEs

- This original listing of ACEs indicates that most youth have two or fewer exposures;
- Youth in the *juvenile justice system have much higher rates, between 75-90%.*

Slide 26: Health Impacts of ACEs

- Constant exposure to trauma and toxic stress that often accompanies it, means chronic health problems. The most prevalent are:
 - Diabetes
 - Heart disease
 - Combination of physical and mental health problems

Slide 27: ACEs & Risky Behavior

Another way to look at:

- High rates of diabetes, heart disease, strokes,
- High drug/alcohol usage,
- Greater sexual risk taking and pregnancy among girls,
as being more prevalent in populations experiencing high rates of traumatic exposure.

Slides 28-30: What is Trauma?

Trauma Handout

- Physical trauma is what most often comes to mind; it is easy to see and understand.
- What's most challenging is traumatic experiences that people remember and are triggered by, leading to behaviors that suggest guilt (e.g. running away) or defiance (e.g. being aggressive) or being unresponsive (e.g. callous, appearing not to care).

Slide 31: What's Traumatic?

- What may traumatize one youth may have less or no effect on another.
- It's a matter of individual perception, past experiences and beliefs;
 - The difference in response should not be considered not a sign of weakness, strength or willpower.
- Falling off a bridge would be traumatizing for most people; others choose it.

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3.5 Hour Course
Instructor Manual: Effective Interactions with Youth
Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 32: Sources of Trauma from Personal Experience

Event trauma:

- can occur either because it is experienced directly, or because we witness something traumatic happening to others, especially someone we love and care about.
- Covers a wide range of experiences: Physical violence: Parental violence, domestic abuse, severe bullying, war, torture, emotional abuse: dominating or controlling parents or partners, emotional bullying, extreme criticism from a parent or other
 - Injury and accident: Car crashes, severe injuries, natural disasters
 - Sexual trauma: abuse, rape, inappropriate touch and even more subtle forms of abuse such as inappropriate looks may be experienced as trauma
 - Medical trauma: any surgical procedure is a trauma for the body and nervous system, not matter how life-saving and necessary it may be
 - Social trauma: the loss of status through loss of job, home or partner (wife or husband), unexpected change in social standing due to events beyond one's control
- Event Trauma may also include *witnessing* any of the above. Emergency Workers called in to sites of natural disasters and so on may also experience trauma even if they were not involved in the original event directly.

Slide 33: Sources of Trauma from Historical Experience

- Intergenerational Transfer of Trauma:
When a parent/caretaker/community describes something as a source of trauma and urges children to avoid it; understand its dangers;
 - Today, studies have shown that children of people who were imprisoned in Auschwitz actually had changes in their DNA as a result of their *parents'* experiences.
 - Similarly, there are examples of how historic circumstances in the US, e.g. slavery and Jim Crow as well as the Japanese internment
 - There are many examples of how enduring some damage to the brain can be.

Slide 34-37: Social Status as Vulnerability to Trauma

ASK OFFICERS

- Can a youth's social status make them vulnerable?
 - As a weakling?

Cleveland Division of Police

3.5 Hour Course

Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

- As someone new to the neighborhood?
- Their religion?
- Their immigration, gender identity, racial, other status?

Note to Instructors:

- The photograph of the two boys in Slide #35 refers to an incident in which a white woman called the University Police because the boys were “too quiet” on a tour of the University of Colorado. When police responded, they learned the two boys were from a Tribal community in Washington state, had saved their money and driven to visit University of Colorado.
- Social status can be the source of traumatic incidents. The trauma and enduring toxic stress of being in a status that puts you at risk of violence is an example of significant trauma.
 - Increases the likelihood of reactive responses for kids feeling “singled out” due to their status
- Connect this point to incidents where officers come upon a suspect or decide to treat someone as a suspect and give no warning; this becomes a source of trauma as well as makes youth perceive that their status makes them vulnerable.

Slide 38: Poly-victimization

- A single trauma can have persistent impacts, but often, youth experience multiple traumas, not just a single event.
- Refer to ACEs handout.
- **Ask for input from an officer** who has dealt with kids placed in foster care:
 - Chart the subsequent traumas post placement:
 - Parent od’s and child placed in foster care (loss of home, parent, placed with new family—3 ACEs)
 - Foster care home abuses kid (1 ACE)
 - Foster care home 2 & 3 abuse kid (2 ACEs)
 - Kid gets in trouble at school and is suspended.
- **Ask officer** to identify how the youth:
 - Sees adults (unreliable, hurtful)
 - Sees authority figures (unfair, untrustworthy, not there to help)

Slide 39: Persistence

- Repeated exposure to trauma and threats to safety compounds traumatized responses youth use to protect themselves.
- You can run, but you can’t hide from its impacts.

Cleveland Division of Police
3.5 Hour Course
Instructor Manual: Effective Interactions with Youth
Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 40-41: How Trauma Disrupts Brain Functioning

Film: *Toxic Stress Derails Healthy Development*

Slide 42-44: Rope Bridge Metaphor

- Brain without much exposure to trauma is strong, well built, well connected, and sturdy.
- Brain with repeated exposure to trauma has frayed ropes, feels rickety and unsafe, and is not sturdy—it reacts to every burst of wind, *much harder to regulate*
- Imagine that release of cortisol during traumatic vents weakens the strength of the fibers holding the bridge together.

Slide 45-46: The body's response to trauma

- At the first sign of threat, danger or risk, the adrenal glands produce cortisol which helps the brain decide and then take action on one of two strategies: fight or flight.
- Cortisol will spike up when a threat presents itself
- For some youth, the repetition has turned off the release of cortisol; they do not react or are too numb to react; this often comes with depletion of adrenal glands which cannot produce the hormonal responses.

Slide 47: Cortisol's Impact on the Body

- The release of cortisol is de-stabilizing to the entire body.
- As a result, threats make it hard for the body to come back to feeling “normal”
 - Cortisol responses take tremendous energy
 - Often youth will be super-agitated then deeply asleep; react with hunger or lack of hunger
 - Youth often have difficulty re-regulating breathing;
 - Kids with asthma find their asthma triggered by exposure to high stress/traumatic events.

Slide 48: Cortisol Increases Signals to Amygdala

- Teens perceive threats, react, but if they have been chronically exposed to violence and traumatic events, they cannot distinguish between a real threat and a fear of a threat;

Cleveland Division of Police

3.5 Hour Course

Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

- Youth need help discerning between whether they are objectively safe or whether they feel safe; hard to make the distinction if you are living in an area where violence is frequent
- The constant signals go to the amygdala, which is already working overtime during adolescence; trauma further engages the amygdala and produces greater reactivity which can make youth appear to be out of control.
 - They are more likely just dysregulated or out of balance, from the level of fear they are feeling and cannot get away from.

Slide 49: The Alarm that won't stop Ringing

- Some traumatized youth often lives in a continual state of red alert,
- They are physiologically unable to learn, because the part of the brain that learns—the prefrontal cortex—is “off-line” or not connecting.
- Until the child has recovered, which may take anywhere from minutes to days, no amount of punishment or admonishments to work harder will change the situation.
- This is a normal, adaptive response to toxic stress; it is not “willful” or intentionally directed against a teacher or parent.
- Even if the person or situation is not a true threat, traumatized youth will be “primed” and ready to treat it as a real threat and often manifest responses that don't align with what's there.
 - *This reaction is a form of dysregulation/freaked out/upset that leads youth to take actions that authorities may view as aggressive, unaccountable, defiant.*

Slide 50: Trauma's Impact on Psyches

- Youth are “hyper vigilant” which is the behavioral manifestation of the “alarm” sending signals to their brain that there are threats lurking and that they are not safe,
- Typical behaviors:
 - Difficulty paying attention to anything difficult
 - Leads to responding inappropriately
 - Misread faces as being angry or threatening
 - Are distrustful
 - Test adults to see if they will be hurt or disappointed
 - Have intrusive thoughts about the trauma which keeps them on the alert
 - Difficulty paying attention and concentrating
- There may be physical manifestations of what they are thinking:
 - Hyperactive, jumpy behaviors, startle easily,
 - Completely flat, unemotional
 - Avoid harm by staying hyper-busy and avoiding people/places

Cleveland Division of Police

3.5 Hour Course

Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

- Ask for an example from officers' lives: when their children may have been traumatized by an event and the amount of effort it took to re-regulate them.

Slide 51: Trauma & Powerlessness to Protect Oneself

ASK OFFICERS:

- Why is trauma connected to powerlessness?
- What behaviors does a sense of powerlessness lead to?

Slide 52: Trauma & Gender

- This is especially difficult for youth, young men, who are at a stage where feeling powerful and in control is a key motivator and goal;
- As young men try to be strong, powerful, men who are in control and can dominate situations, a traumatic event can rip that away from them.
- Some of the ways a traumatic event for a young man is especially difficult in these situations:
 - Sees mother being beaten by boyfriend
 - Hears about friend getting raped
 - Is beaten up by gang

Slide 53: Is it safe? Am I safe?

- The constant theme in their mind is scanning for safety;
- They have difficulty discerning between what they feel and what the reality is.
- They are unsure that the floor beneath them will hold.

ASK OFFICERS: What are the impacts for interactions with authority figures?

Suggested answers:

- Testing adults to see if they are "for real."
- Over-reacting to perceived threat and becoming dysregulated.

Slide 53-54 : Teen Brain Responses to Trauma

- Ask officers to name them:
 - Fight
 - Flight
 - Freeze
- Officers are often experiencing the same feelings during traumatic events
- For both youth and officers, clear thinking is overpowered by the amygdala's focus on helping you survive an incident.
- Have you ever arrested/charged someone for a traumatized response?
- What was the charge?

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Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

- Fleeing
- Resisting
- These are all adaptive responses to real threats; not adaptive to imagined threats
- Sometimes they can be maladaptive in that they give the wrong impression, including leading one to misread behaviors as:
 - Guilt
 - Provocative, aggressive

Slide 56: Flight/Avoidance

- Flight does mean fleeing/running, typically to escape and avoid re-traumatization
- It also includes avoidance and withdrawal
 - When is the last time you arrested a youth for fleeing? What were the circumstances? Did trauma play any role in the youth's fleeing?
- Flight can also mean drinking, taking drugs
 - Withdrawal from sources of threat
- Sometimes paralysis/freeze turns into action.

Slide 57: Fight

- Misperceive cues and think that the only way to protect oneself is through aggression;
 - Anticipate the need to protect themselves
 - Belligerence is used to "scare away" threats from others
- Puffery and Bravado and threats
 - Interpreted as aggressive nature but may also be a coping mechanism used to overcome fear of being attacked, unable to protect himself
 - Show strength after realizing the level of powerlessness they have over their lives.

Slide 58: Freeze

- Instead of acting to protect themselves, youth will freeze, be unable to move, take action typically because they don't know what action to take
 - Often mis-interpreted as being accepting of the treatment

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Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 59: Re-enacting

- It seems counter-intuitive that you would go back and do a “replay” of a situation in which you were traumatized, but it is a response to trauma.
- Youth may:
 - Identify with the aggressor
 - Try to control the interaction in a way they could not when they were initially traumatized
 - Examples:
 - Youth who have been raped during childhood or adolescence may turn to prostitution.
 - Youth who were beaten savagely may want to fight the person again to win this time.
 - How about an example from policing?
 - Some officers who witnessed/experienced bad interactions with law enforcement as youth become police officers to make change.

Slide 60: Victims of Coping Mechanisms

- Traumatized youths’ responses can become coping mechanisms
 - Some are healthy, some are not
 - Some are maladaptive (e.g. smoking pot to get numb, being belligerent/threatening to ward off fights, getting into fights, re-enactment)
 - Some are adaptive (e.g. talking about it, avoiding similar situations, equipping yourself to respond in the future)

Slide 61: Karpman’s Triangle: Who do they see, when they see you coming?

- Not all youth see police as rescuers.
- Under this theory, traumatized people put others into one of three categories:
 1. Rescuer
 2. Abuser
 3. Victim

ASK OFFICERS:

Which corner of the triangle and what behaviors towards officers may result and how officers would prepare for such interactions:

- If a youth is traumatized by dint of what the youth has seen an officer do to a loved one, how will the youth respond to an officer’s arrival at a crime scene in which the youth may be involved?

Cleveland Division of Police

3.5 Hour Course

Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

- If a youth is traumatized by seeing his/her mother beaten by a boyfriend who is later arrested by an officer, how would s/he respond when an officer arrives on the scene?
- If a youth is placed in foster care on Monday night because her mother overdosed, how would she see a caretaker in a group home?

Slide 62: Police Encounter Trauma All the Time

- The nature of policing involves trauma: responding to traumatic incidents, seeing traumatized people, feeling traumatized.
- Police are often the first point of rescue for abused and exploited youth.

Slide 63: How the Presence of an Officer's Uniform Can Trigger Responses among Traumatized Youth?

ASK OFFICERS: How do you address that?

- Trainer Answers:
 - key goal of adolescence is demonstrating strength, independence and becoming an adult.
 - *Key feature of trauma is that youth feel powerless and at risk.*
 - Authority figures have power that explicitly controls outcomes and heightens sense of powerlessness.

Slide 64: Anticipate Escalated Responses

ASK OFFICERS what routine conduct do they engage in that might trigger an escalated response. Once answers are collected, click through screen points.

- Why does using a restraint with a traumatized person sometimes lead to extreme responses?
- Narrate what you are going to do next to reduce anxiety of youth expecting the worst.
- Connect to flight/powerlessness/inability to escape >> retraumatizing

Slide 65-71: Responding to Traumatized Youth

2 SFY Films

- In each film, ask officers to:
 - Assume youth has been traumatized
 - Name the response they are manifesting
 - Ask whether the officer's BLT did anything to trigger a response or if the youth just responded in alarm
 - How did the officer comfort the youth? Re-assure the youth?
 - What could have escalated the interactions?

Cleveland Division of Police
3.5 Hour Course
Instructor Manual: Effective Interactions with Youth
Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 72: Powerlessness

- How did these two young men manifest powerlessness?

Slide 73-74: Role of Trauma in the Juvenile Justice System

- Study after study is demonstrating high rates of exposure to traumatic events among youth who are system involved and incarcerated.

Slide 75: Best Practices for Responding to Traumatized Youth

(Refer to Best Practices, Trauma Handouts; hand out the CIT Team Response Policy)

Slide 76: Assume Trauma

- Using these practices will help you.

Slide 77: What trauma might look like

- In view of how pervasive trauma is and how routinely officers are asked to intervene in traumatic situations, officers are well served to assume that the youth they deal with are traumatized.
- With that in mind:
 - Consider how your position as an authority figure may trigger extreme responses of fear – fight/flight/freeze
 - Consider how any step you take to restrain or otherwise render a youth powerless will escalate a response
 - Avoid triggers that will further escalate response (e.g. touching yelling, loud noises, cursing)

Slide 79-80 – Review Section II & IV of CIT Response Policy

- Demonstrate congruence of instructions with SFY's recommendations
- Connect the dots between a person in distress and a traumatized youth.
- The second thing they want to know is what you are going to do to them—will you be their rescuer or abuser: clarify.
- The third thing you need to do is clarify the reason for your intervention (if it's not evident) and explain why you are there.
 - Explain slowly
 - Repeat yourself

Cleveland Division of Police

3.5 Hour Course

Instructor Manual: Effective Interactions with Youth

Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 81-82: Identify Triggers Causing Youth to Escalate

- The first thing a traumatized youth wants to know is whether they are safe.
 - Is that a snake in the grass or a garden hose?
- Reassurance can go a long way towards helping a person have a rational conversation, consider using:
 - Distraction
 - Questions about Comfort
 - What would help you?

Slide 83: What is your Body Language/What is the Youth's Body Language?

- Are you looking like a source of danger?
 - Displaying/holding weapons?
 - using restraints?
- What is your proximity to the youth?
 - How close are you?
 - Where are you standing?
- Is the youth in a physical stance suggesting they will need to protect themselves?

Slide 84: Language - Speaking to Traumatized Youth

- Remember that the intensity of their emotions is akin to being in shock
 - They may not hear you
 - They may hear you but not be able to respond
 - Trauma brings on hot cognition—they are not going to process everything you say
- Less said the better
 - Short sentences
 - Simple clear language
 - Repeat
- Distract
 - Provide emotional distance from the moment
 - This helps pull youth out of their amygdalas—emotional state
- Good question: “What would be helpful to you?”
- Narrate what you will do next:
 - We will sit here until you speak to me.
 - Once you have spoken with me, I’m going to call the detention center/ the child welfare department/your parent
 - Then you will be kept/released
 - This will take ___ hours

Cleveland Division of Police
3.5 Hour Course
Instructor Manual: Effective Interactions with Youth
Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 85: Acknowledge Their Fear & The Situation's Tension

- Acknowledge fear and address it.
- Narrate what you will do/what will happen next:
 - We will sit here until you speak to me.
 - Once you have spoken with me, I'm going to call the detention center/ the child welfare department/your parent
 - Then you will be kept/released
- This will take ___ hours

Slide 86-87: Timing & Trauma

- Trauma changes perceptions of speed of events
 - Traumatized youth often explain that the speed of events increases their sense of being powerless
- SLOW everything down
 - Practice breathing: 7 breaths in, 5 out

Slide 88-89: Repeat, Repeat, Repeat

- Repeating your statements using the same words and same tone
- Assume that the first and second time you say something the youth is listening to the tone you are using to see if you are angry or a threat
- Assume that the third time you say the statement, the youth can hear the content of what you are saying.

Slide 89-90: Why aren't we all Train wrecks? Why do some kids recover?

- As noted at the outset, not everyone responds the same to a traumatic event in the moment or thereafter.
- Some of us are also more resilient due to how we were raised and supported.

What Works:

- Capacity to recover, heal
- Change and handle stress in constructive ways.
- Have adults and peers who help support them
- Natural resilience.
- Community that connects and grieves together.

Ask officers:

What do you do to restore yourself to normalcy after witnessing a traumatic event?

Cleveland Division of Police
3.5 Hour Course
Instructor Manual: Effective Interactions with Youth
Recognizing & Responding Effectively to Traumatized Youth May 22, 2019

Slide 91: Adults Who Buffer

- Traumatic experiences shake youth to their core, making them question meaning, purpose, and value
- Key to helping restore their equilibrium are adults who:
 - Help them understand their feelings
 - Help them address their fears, give them strategies for handling encounters with the source of their trauma
 - Bring them to sources of trauma-informed counseling, care

Slide 92: Supporting Resilience in Interactions with Youth

- Connect & Care: Be an adult in their community on whom they can rely
- Expect up: imagine a better world for them and what they could do with their strengths and talents in it. Admire the strength they show for getting through difficult times.
- Be consistent: don't play games with them about whether you can be relied on; this will increase testing behaviors
- Help put things in perspective: discuss what you have encountered at their age, and how you look at it now.

Slide 93: Your Exposure Affects Interactions with Youth

- You are constantly exposed to events that are dramatic/traumatic, completely out of the ordinary, persistent demonstrations of people's inhumanity to each other, are a regular part of your job.
- Do certain incidents (e.g. child abuse, DV) upset you more than others? How do you handle them?
- A source of trauma: you want to help but can't either because it's too late or you are prevented by bureaucracy.
- It's important for you to consider the impacts of this exposure on how you are responding to people:
 - Shutting down?
 - Laughing?
 - Fishing?
 - Drinking?
 - Exercising?
 - Arguing with loved ones?
- How are you protecting yourself?
- **Take care of yourself!!!**